

## Chapter 6: Chronic Disease

### Chronic Disease I: Oral Cancer

**Background** - There are various chronic disease surveillance, prevention and intervention programs implemented by a cadre of organizations in South Carolina. For the purposes of the State Oral Health Plan, the following chronic diseases will be addressed:

- Oral Cancer
- Diabetes
- Periodontal Disease
- Asthma
- Birth outcomes
- Obesity

A Coalition workgroup will be established based on their priority assessment in 2007, to develop objectives for the chronic disease portion of the State Oral Health Plan. As of February 15, 2008, the objective work is limited to oral cancer. Objectives will be developed for the other selected chronic diseases by the Coalition in 2008.

The South Carolina Cancer Alliance (SCCA) developed the “South Carolina Comprehensive Cancer Control Plan, 2005-2010,” which addresses important strategies and outcomes for oral/pharynx cancer. The entire plan is available electronically at the website address:

<http://www.sccanceralliance.org/UserFiles/SC%20Cancer%20Plan.pdf>

The Deputy Commissioner of DHEC, Lisa Waddell, MD, serves on the Executive Committee for the SCCA and serves as a liaison between the two organizations. While the plan addresses the global issues surrounding all forms of cancer, there are specific objectives that address oral/pharynx cancer. These objectives are repeated in the State Oral Health Plan.

In addition to the work done by the SCCA, there is a Cancer Registry Program located administratively at DHEC reporting directly to that agency’s Chief of Staff. In addition to conducting surveillance of cancer, the staff conducts cluster analysis and research. If a cluster is identified, CDC-established protocols of follow-up are employed (see Appendix K). The Registry established the Oral Cancer Advisory Team (OCAT), which shares representation on the SCCA Coordinating Council. The purpose of OCAT is to review quality control analysis on the Registry for the Cancer Control Advisory Committee of DHEC. Christine Veschusio, Director of the Division of Oral Health at DHEC, serves on the OCAT.

**Logic Model** - To be developed

**Objectives** - (taken from the SCCA Comprehensive Cancer Control Plan) –

**6.1: By June 2010, increase the proportion of oral/pharyngeal cancers newly diagnosed among African-American males at early stage (in-situ or localized) from 22.1% to at least 30%.**

Strategy 1. Collaborate with dental and medical associations and other health organizations to promote public and professional awareness of risk factors for oral/pharyngeal cancer.

Strategy 2. Support dissemination of new information to provide the public with evolving science, technology, and guidelines for prevention and early detection of oral/pharyngeal cancer.

Strategy 3. Collaborate with faith-based organizations and community organizations to raise awareness about oral/pharyngeal cancer.

**South Carolina Baseline** - 22.1% (2005)

**Healthy People Reference** 21-7: Increase number of oral cancer examinations

Baseline (1998): 13%

2010 Target: 20%

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2,3 (See Appendix D)

**Measurement Type** - Impact

**Data Collection Method** - The DHEC Cancer Registry Program.

**6.2 By June 2010, increase the percentage of South Carolinians who report having had an oral examination from 23 to 30%. (SC BRFSS, 2000)**

Strategy 1. Support dissemination of new information to provide the public with evolving science, technology, and guidelines for early detection of oral/pharyngeal cancer.

Strategy 2. Collaborate with faith-based organizations and community organizations to raise awareness about oral/pharyngeal cancer.

Strategy 3. Collaborate with dental and medical associations and other health organizations to promote oral examination in all patients.

Strategy 4. Collaborate with dental & medical associations & other health organizations to promote patient counseling on the dangers of tobacco & the importance of tobacco use cessation.

**South Carolina Baseline** - 23% (2005)

**Healthy People Reference** 21-7: Increase number of oral cancer examinations

Baseline (1998): 13%

2010 Target: 20%

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2.3 (See Appendix D)

**Measurement Type** - Impact

**Data Collection Method** – The DHEC Cancer Registry Program.

**6.3 By June 2010, increase the proportion of esophageal cancers newly diagnosed among African-American males at early stage (in-situ or localized) from 20.5% to at least 33%.**

Strategy 1. Monitor ongoing science and research regarding the early detection and treatment of precursors to esophageal disease and the possible efficacy of screening/detection methods for esophageal cancer.

Strategy 2. Support dissemination of new information to provide the public with evolving science, technology, and guidelines for prevention and early detection of esophageal cancer.

Strategy 3. Collaborate with faith-based organizations, community organizations, and employers in targeted geographical areas to reach high-risk, African-American males concerning risk factors.

**South Carolina Baseline** - 20.5% (2005)

**Healthy People Reference** 21-7: Increase number of oral cancer examinations

Baseline (1998): 13%

2010 Target: 20%

**Original State Oral Health Plan Reference** – Priority 2, Strategy 2,3 (See Appendix D)

**Measurement Type** - Impact

**Data Collection Method** – The DHEC Cancer Registry Program.

**Comments**

A Coalition workgroup will be formed to develop the Chronic Disease section of the State Oral Health Plan.